

## Graffiti Removal and Intervention Team "GRIT" Supplemental Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_

Postal or Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you been on a GRIT trip before? Yes\_\_\_\_ No\_\_\_\_ Year(s)\_\_\_\_\_

In the event that you are chosen for a GRIT Trip, may we release your phone number or e-mail address to the others booked for your trip so you can plan meals?

Phone: Yes\_\_\_\_ No\_\_\_\_ Email: Yes\_\_\_\_ No\_\_\_\_

Availability: Please list trip numbers with dates in order of preference. (example: 1st choice: Trip #4 April 15-19 etc.)

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Are you available for Standby for the trips indicated? Yes\_\_\_\_ No\_\_\_\_

Are you available for Standby on other trips? Yes\_\_\_\_ No\_\_\_\_

If Yes, please list trip numbers: \_\_\_\_\_

\_\_\_\_\_

If the people in your party are returning applications separately, please list their names below to insure that they are booked on the same trip.

\_\_\_\_\_

Signature:\_\_\_\_\_